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## APPLICANTS

Stephen I. Rennard, Omaha, NE;

Xiangde Liu, Omaha, NE;

## \*\* CONTINUING DATA \*\*\*\*\*

NONE V.A.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE V.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NE	SHEETS DRAWING 8	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>V. Sh</i>	Initials	

## ADDRESS

Moser, Patterson & Sheridan, LLP  
Suite 1500  
3040 Post Oak Blvd.  
Houston, TX  
77056-6582

## TITLE

Methods for fibroblast differentiation

FILING FEE  RECEIVED 458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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